> deficient and imbecile, ever ready to be influenced by the first advice he hears, be it for good or evil. (220)

Clarke is (understandably) nervous about the similarity of "moral imbecility" to an older diagnosis of "hazy definition," "moral insanity," from which he distinguishes it as a firmly identifiable "absolute type." Part of this tendency toward "absolute" identification is discernible in Clarke's insistence on details like William B.'s apparently automatic or physiological reaction to the sight of blood:

> He becomes excited, pale and agitated, and under the influence of the strange stimulant is particularly liable to the morbid impulse. Occasionally, after seeing blood, he has been known to act almost as if under the influence of an intoxicant, and has been terribly excited. (220-21)

Clarke's tendency is to reduce such responses to something like a chemical reaction, the better to exempt William B. from responsibility. Yet, Clarke insists, as if defending the value of his professional opinion, William B.'s demeanour is quite inconsistent with such behaviour. He was, at least while in the Asylum, "somewhat of a dandy" (219) -- as the photograph printed with the article confirms: a slight man with a thick moustache, rakish hat, dark suit, shiny pointed shoes. He is a dapper gentleman's son.

In the same year Clarke began what he called his "special survey of the defectives in the community of Toronto" ("The Defective Immigrant," (462), at his clinic run out of the Social Service Department of the Toronto General Hospital.[cxvi] The clinic shared what Clarke considered the legitimate goals of any Social Service Department, "discovering the defectives in a community and providing proper care and treatment of them" (31).[cxvii] It proved "a gold mine" (31) of "feeble-minded children," "defectives" and weaklings from the "slum centres" of Britain but now "transplanted to the virgin soil of a new world" ("The Defective Immigrant," 463), many of them wi th the symptoms of dementia praecox. It was "imperative" that clinics like his be established in every community with 10,000 or more people and that "travelling clinics" be created to visit smaller all smaller communities. Each new clinic creates new information, new "Surveys," for "accomplishing true reforms and gathering